

**NC COMMISSION FOR MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES**

Clarion Hotel
320 Hillsborough Street
Raleigh, NC

February 21, 2008

Attending:

Commission Members: Pender McElroy, Dr. Diana J. Antonacci, Dorothy Rose Crawford, Sandra C. DuPuy, Pearl Finch, Mazie T. Fleetwood, Thomas Fleetwood, Ann Forbes, Dr. Ranota T. Hall, Michael J. Hennike, Ellen Holliman, George Jones, Floyd McCullouch, Emily Moore, Pamela Poteat, Jerry Ratley, Dr. Anna M. Scheyett, Dr. William Sims, Dr. Marvin Swartz

Commission Members Excused: Lois T. Batton, Dr. Richard Brunstetter, Laura C. Coker, Martha Macon, Martha Martinat, Connie Mele, Dr. Paul Gulley

Ex-Officio Committee Members: Martha Brock, Sally Cameron, Deby Dihoff, Bob Hedrick, Robin Huffman

Division Staff: Michael Moseley, Leza Wainwright, Steven Hairston, Denise Baker, Marta Hester, Andrea Borden, Tonya Goode, Sonya Brown, Bill Bronson, Dr. Michael Lancaster, Mark O'Donnell, Jason Reynolds, Jim Jarrard, Stuart Berde

Others: Gail Pruett, Louise G. Fisher, Ann Rodriguez, Geneva Fearrington, Lorie Williams, Diane Pomper, Ann L. Sims, Deanna Janus, John L. Crawford, Jack Register

Handouts:

- Proposed addition for 10A NCAC 27G .0504 – Client Rights
- General Statute 122C-252

Mailed Out Packet:

- February 21, 2008 Commission Agenda
- Draft November 15, 2007 Commission Meeting Minutes
- Draft January 17, 2007 Rules Committee Minutes
- Draft January 18, 2007 Advisory Committee Minutes
- February 21, 2008 Commission Meeting Information
 - Proposed Repeal of 10A NCAC 29D .0400 – Therapeutic Homes
 - Proposed Amendment of 10A NCAC 27G .0104 – Staff Definitions
 - Proposed Amendment of 10A NCAC 26C.0100 – Designation of Facilities-Involuntary Clients
 - Proposed Adoption of 10A NCAC 27A .0300 – Clean Claims
 - Proposed Adoption of 10A NCAC 26C .0402 – Standardized Forms and Processes
 - Proposed Adoption of 10A NCAC 27G .0507 – Area Board Annual Evaluation of an Area Director
 - Proposed Adoption of 10A NCAC 26C .0600 – Removal of LME Functions
 - Proposed Repeal of 10A NCAC 29D .0100 – Carolina Alternatives
 - Proposed Repeal of 10A NCAC 29D .0600 – Substance Abuse Assessments (DWI)

- Proposed Adoption of 10A NCAC 27G .0212 – Disclosure of Financial Interest
- Proposed Amendment of 10A NCAC 27G .0504 – Client Rights

Call to Order

Pender McElroy, Commission Chairman, called the meeting to order at 9:30 am.

Invocation

The Invocation was given by Emily Moore, Commission member.

Introduction and Welcome

Following introductions by the Commission members, staff from the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and the public, Chairman McElroy welcomed new members and read the names of the excused absences.

Ethics Reminder

Mr. McElroy also informed new members of the mandatory Ethics training requirement and issued the Ethics reminder. Dr. Anna Scheyett excused herself from the vote on the Staff Definitions rule (10A NCAC 27G. 0104) due to the social work investment and her position on the social work board. Dr. Marvin Swartz abstained from the vote on the Designation of Facilities-Involuntary Clients rule (10A NCAC 26C .0100). Both noted their abstention to avoid the appearance of a conflict of interest. Chairman McElroy also announced the resignation of two new Commission members: Dr. R. DeWayne Book and Jeff Smith.

Approval of Minutes

Upon motion, second, and unanimous vote, the Commission approved the minutes of the November 15, 2007 Commission meeting.

Chairman's Report

Chairman McElroy noted that on June 30, 2008, there would be a number of Commission members rotating off of the commission. He further stated that he was pleased with the new appointees and believes they will have good solid leadership skills as well as knowledge of consumer needs and the system itself.

Consumer Complaint

Chairman McElroy reported that a complaint was made to the Consumer Protection Division of the Attorney's General Office by Mrs. Kenita Mitchell of Raleigh, and he asked Denise Baker, Team leader, Division Affairs Team, NC DMH/DD/SAS, to have the appropriate person to investigate and report to the Commission.

Sonya Brown, Team Leader, NC DMH/DD/SAS Justice Systems Innovation Team, presented the report to the Commission on the consumer complaint. Ms. Brown stated that the complaint was received on February 6, 2008, and that she had contacted the store manager of Eckerd's where the incident occurred on the same date. The complaint reported that a person was purchasing pseudoephedrine products and based upon the law, the pharmacy required her to sign the transaction log and include the required information (name, address, pseudoephedrine purchase, grams purchased, and her signature). The complainant noticed that she could see the names of everyone who had purchased pseudoephedrine products before her, and assuming that the next person behind her would be able to see her name and information, felt like her privacy had been violated. She received very poor customer service from Eckerd's (currently known as Rite Aid) from the store and the corporate office. Ms. Brown spoke to the store manager, who reported that their policy is to conceal the names of individuals who previously sign for pseudoephedrine products. The manager

apologized and stated that she was not aware of the incident, but she would reemphasize the importance of protecting privacy in their policy with everyone who worked in the pharmacy. The store manager also added that the customer got misleading information from the pharmacist who was working in the pharmacy at the time and the customer never spoke with the store manager. The store manager stated that one of the problems at the pharmacy is that the pharmacists rotate; as such, the pharmacist present will vary.

Ms. Brown made the following recommendations: 1) Contact Rite Aid to request that they resubmit the transaction log and training acknowledgement forms that indicate to DMH and the Commission that they know the requirements of the law (these stores were Eckerd's stores at the time the acknowledgement forms were originally submitted); 2) Request that store respond to the complaint; and 3) Ms. Brown would send a letter to the complainant addressing her concerns, the findings and the Commission's course of action regarding the complaint.

Upon motion, second, and unanimous vote, the Commission approved the recommendations given by Ms. Brown and requested that she report back to the Commission at the May Commission meeting.

Director's Report

Michael Moseley, Director, NC DMH/DD/SAS, apologized and announced that he had to leave the meeting based on an emergency call and that Leza Wainwright, Deputy Director, NC DMH/DD/SAS, would give his report in his stead.

Ms. Wainwright reviewed the expansion budget process, the Division's list of priorities for the legislative short session and provided an update to the Commission which addressed the following:

- The top two priority areas are crisis services and substance abuse services. The Division has some proposals in place to expand crisis services for all disability populations (mental health, developmental disabilities and substance abuse). In the area of substance abuse specifically, this year the North Carolina General Assembly put forth a proposal where they allocated \$6 million to provide regionally focused locally hosted substance services. The Division submitted a request for applications in November from substance abuse providers interested in building new capacity. The Division was very fortunate and had more high quality proposals than the \$6 million would cover and now the Division is asking for money to continue this initiative.
- The Division is seeking funding to continue to expand the initiative for the returning veterans and their families.
- The Division is looking for additional community service funds, specifically in the area of some specialty populations, and especially including individuals with traumatic brain injury.
- The Department and Wake County have agreed to jointly fund a continuing unit on the Dix Campus until the additional capacity that Wake County is building with Holly Hill Hospital is in place. Holly Hill will have the ground breaking for their new construction next Tuesday. There is an agreement with Wake County to continue to operate a building on the Dix Campus. It has been funded through the end of this state fiscal year and expansion funding is needed from the NC General Assembly to continue this for the next three years.

- The Division asked for additional positions for the central office to try and improve the capacity for management oversight.
- The Division also asked for training and workforce development funding as a result of the recommendations outlined within the Commission's Workforce Development Initiative Report.
- The Division requested some funding in areas that have been historically ignored, such as, replacement funding for equipment in the facilities and inflationary increases for the state dollars.
- Ms. Wainwright explained that the Department has engaged Mercer Human Services Consulting to conduct a review of all the Local Management Entities (LMEs) and their on-site reviews of all 25 LMEs were completed in January 2008. The two consistent themes that Mercer reported thus far involve the lack of information technology systems in the LMEs and financial management. However, they were more favorable disposed to a lot of the clinical processes that many of the LMEs have in place. Mercer stated that the one thing that was absolutely clear in every visit was the commitment of the LMEs to the consumers that they are charged with serving. Mercer has a preliminary report that is due to the Department on March 31, 2008 and a final report that is due May 15, 2008.
- Ms. Wainwright also discussed the CAP/MR-DD waiver and the issues of family members as providers. The CAP/MR-DD waiver was amended in September to put in place a policy that limited the amount of services that a family member could provide to a CAP/MR-DD recipient. Parents serving adult children could provide an average of 50 hours a week, and that average was going to be measured over a one month basis. When the federal government approved the change it required a transition plan and implementation of the change within six months. The end date of that six month implementation was supposed to be February 22nd. During the six months, the LMEs, families and case management agencies have been working with families impacted by this proposal to try and identify alternative caregivers. Currently, there are only nine families who still have issues identifying alternate caregivers. The Department asked the federal government to give an extension so they may continue to work with these families until alternative arrangements are made. The extension was granted until October 31, 2008, and the Division now has six more months to work with the nine remaining families.
- Ms. Wainwright stated that the Implementation Update issued during the first week of February provided a definition for a Comprehensive Community Support Provider. Those requirements are now out for public review and comment. Ms. Wainwright further added that the Secretary has issued a moratorium on enrollment of new Community Support Service providers until these new provider qualifications can be put in place. The target date for this is July 1, 2008 with the goal being to receive the feedback, make changes that need to be made to the proposed provider qualifications and implement them in July. There is an exception in cases where access is an issue.

Ms. Wainwright responded to the following questions from members of the Commission:

- Dorothy Crawford, Commission member, asked about non-target populations and expressed concern regarding providers withdrawing from areas with little notice. Ms. Crawford also opined that action needs to be taken which ensures the availability of services in rural areas.

- Ms. Wainwright noted that a variety of reasons contribute to the situation described. She indicated that one primary challenge with state-funded services is that business may be conducted differently in different areas of the state. Ms. Wainwright also cited increased administrative burdens as well as challenges recruiting and retaining staff. In reference to the target populations, she responded that the NC General Assembly identifies the target population and state law requires that state money be used for the individuals who comprise the target populations.
- Mazie Fleetwood, Commission member, expressed concern regarding the cost of accreditation.
 - Ms. Wainwright advised that DHHS has approved four accrediting bodies and noted that accreditation is required by the Centers for Medicare and Medicaid Services (CMS). Jim Jarrard, Team Leader, NC DMH/DD/SAS Accountability Team, indicated that some of the costs of accreditation would be proportional.
- Michael Hennike, Commission member, questioned whether providers would receive advance warning/notice of approaching deadlines/timeframes for accreditation.

Following Ms. Wainwright's report, Chairman McElroy gave a brief overview regarding the process for handling the work of the Commission for the new members. Chairman McElroy also covered the purposes of the Rules & Advisory committees. He advised that rules written under the Secretary's authority are also presented to the Commission for review and comment in its advisory capacity.

Ellen Holliman, Commission member, stated that she would excuse herself from voting on the Removal of LME Functions rule, due to the fact that she serves in the capacity of LME Director and the need to avoid the appearance of a conflict of interest.

Advisory Committee Report

Dr. Marvin Swartz, Chair, Advisory Committee, presented the Advisory Committee Report of the January 17, 2008 meeting. Dr. Swartz stated that the last Advisory Committee meeting was conducted below quorum due to inclement weather, but they were able to complete the work of the Committee via email. Dr. Swartz stated that the Division requested that they take more time with the Workforce Development Initiative Report as there were several sections that the Executive Leadership Team (ELT) of NC DMH/DD/SAS wanted to revisit. The Division will be doing some additional work and they hope the report will be completed by the next meeting. Dr. Swartz stated that the committee also discussed what the priority areas might be for future topics and noted that two presentations were given at the meeting. The Rules Committee referred a request to draft a resolution to the Advisory Committee; this resolution addressed the Secretary's proposed amendment to Rule 10A NCAC 26C .0100, Designation of Facilities for the Custody and Treatment of Involuntary Clients.

Rules Committee Report

Floyd McCullouch, Chair, Rules Committee, presented the Rules Committee Report of its January 16, 2008 meeting. Mr. McCullouch stated that they welcomed several new members to the committee. Mr. McCullouch stated that the rules that were reviewed by the Committee will be presented today to the Commission, with the exception of the Provider Endorsement rule. Mabel McGlothlen, NC DMH/DD/SAS, LME Systems Performance Team, Community Policy Management Section, will present this rule at the April Rules Committee meeting.

10A NCAC 29D 0400 – Proposed Repeal of Therapeutic Homes

Dr. Michael Lancaster, Chief, Clinical Policy NC DMH/DD/SAS, presented the proposed repeal of Therapeutic Homes. The proposed repeals are necessary to update rules to reflect current practices. Behavioral mental health treatment services for children and adolescents that are provided in private residences are licensed in accordance with G.S. 313D requirements and the administrative rules governing foster care homes. This is a Commission rule being presented for final action.

Upon motion, second and unanimous vote, the Commission approved the proposed repeal of 10A NCAC 29D .0400.

10A NCAC 27G .0104 – Proposed Amendment of Staff Definitions

Dr. Lancaster presented the proposed amendment of Staff Definitions rules. The rules are an outgrowth of the staff qualifications workgroup that was appointed by the Rules Committee and Commission to look at staff qualifications. This is the first of the rules that will be promulgated and presented to the Commission for approval. The amendment includes the addition of a definition for Licensed Clinician. This is a Commission rule being presented for approval for publication.

Dr. Lancaster stated the he did follow-up on the request from the last Rules Committee meeting regarding clarification of the section on nurses and their expectations that nurses would require four years of additional experience prior to becoming a Qualified Professional (QP). Dr. Lancaster stated that they learned the nursing degrees are fairly different in terms of what the expectations are for nurses and at the time one could get an RN degree they would have virtually no mental health experience or exposure, so this would equate to a bachelor's degree in a non-mental health or non-human service field; this is where the four years came from. This workgroup plans to continue the examination of this issue.

Upon motion, second and unanimous vote of those voting, the Commission approved the proposed amendment of 10A NCAC 27G .0104 for publication. Dr. Anna Scheyett abstained from voting.

10A NCAC 26C .0100 – Proposed Amendment of Designation of Facilities for the Custody and Treatment of Involuntary Clients

Dr. Lancaster presented the proposed amendment of Designation of Facilities for the Custody and Treatment of Involuntary Clients. The proposed amendments are necessary to provide accurate information concerning designating facilities for the custody and treatment of involuntary clients. This is a Secretary rule and presented for information and comment. Therefore, no action is required.

Dr. Lancaster indicated that this rule has been further amended based upon recommendations of the Rules Committee. Specifically, Dr. Lancaster stated that line 19, item (c)(2), “10A NCAC 27G .3200 Social Setting Detoxification for Substance Abuse”, has been deleted.

Comments and questions regarding this rule are listed below:

- A Commission member asked that the references to “substance abuser(s)” be changed throughout the rule to reflect more person-centered language.
- Sandra C. DuPuy, Commission member, asked if permitting involuntary admissions at the facilities listed changed the nature of the facility and the staff qualifications required.

- Dr. Lancaster answered affirmatively but indicated that this would be a facility decision. In other words the proposed amendments permit the facility to choose whether it will accept clients consistent with this rule.
- Dr. Swartz, Commission member, stated that he had concerns relative to three areas:
 1. Medical clearance
 2. Medical coverage – particularly in light of the high rate of co-morbidity
 3. Appropriate use of seclusion and restraint
 - Dr. Lancaster acknowledged that issues of co-morbidity are significant.
 - He further responded by stating that if a consumer is sent to a facility for involuntary commitment, the commitment rules clearly indicate that within 24 hours of that admission a physician must see him/her to evaluate the necessity of that commitment. Dr. Lancaster continued by stating that if there is an emergency situation that evaluation will occur sooner than later.
 - Dr. Lancaster also noted that a consumer could be transferred to a more secure facility if necessary.
- Dr. Ranota Hall, Commission member, stated that the requirements were clear that there has to be a physician assessment within 24 hours. Dr. Hall stated that she felt that a primary concern is the scenario where a person does not come from an emergency room and has not had that routine screening and a good assessment of their vital signs and their mental status; the question is the risk imposed should that individual experience a change in status at the 23rd hour. She noted that while negative outcomes are infrequent, the risks thereof exists.
 - Dr. Lancaster stated that these are physician supervised facilities which also have a 24 hour nursing component. Dr. Lancaster added that patients could be transferred immediately, on emergency basis, to a more secure setting.
- Ms. Fleetwood, Commission member, noted that she was comfortable with items 3, 4, and 5 of the proposed amendment to this rule.
- Chairman McElroy asked that in the proposed resolution they took out the social setting detoxification for substance abuse (which has been deleted within the rule), what Dr. Lancaster's reaction would be toward the Commission's adoption of the resolution and forwarding it to the Secretary.
 - Dr. Lancaster stated that he would support it in the current form. Dr. Lancaster stated that he felt there was enough safe guards and that the issues that needed clarification relate to the specific involuntary commitment laws that are already in statute. Dr. Lancaster stated that Dr. Swartz was correct and that we do have difficulties throughout our system in monitoring these, but Dr. Lancaster feels that we need as many options in our system as possible and that need to be clearly and safely monitored, which is why they put the Local Management Entities (LMEs) so prominently in position to start looking at some of these more local community based facilities.

There was no motion to adopt the resolution.

10A NCAC 27A .0300 – Proposed Adoption of Clean Claims

Mark O'Donnell, LME System Performance Team, NC DMH/DD/SAS, presented the rule on the proposed Adoption of Clean Claims. The proposed rule is necessary to promote standardization of forms and processes related to claims submission, payment, and denial between provider agencies and Local Management Entities (LMEs). Session Law 2006-142 directs the Secretary to adopt rules regarding what constitutes a clean claim for purposes of billing. This is a Secretary rule and presented for information and comment. Therefore, no action is required.

10A NCAC 26C .0402 – Proposed Adoption of Standardized Forms and Processes

Mark O'Donnell presented the proposed adoption of Standardized Forms and Processes. The proposed rule satisfied requirements established in Session Law 2006-142 directing DHHS and the Secretary to identify directives and communications previously issued by the Division of MH/DD/SAS that require adoption as administrative rules in order to be enforceable and to undertake to adopt those rules. The proposed rule is necessary to promote standardization of forms and processes related to system management function between LMEs and provider agencies. This is a Secretary rule and presented for information and comment. Therefore, no action is required.

10A NCAC 27G .0507 – Proposed Adoption of Area Board Evaluation of an Area Director

Mark O'Donnell presented the proposed adoption of Area Board Annual Evaluation of an Area Director. General Statute 122C-121(b) requires each Area Board to conduct an annual performance evaluation of the Area Director based on criteria established by the Secretary and the Area Board. This is a Secretary rule and presented for information and comment. Therefore, no action is required.

A Commission member asked if the Division had a standard format for evaluation of an Area Director. Mr. O'Donnell stated that they did not and that each LME has its own perspective/approach.

10A NCAC 26C .0600 – Proposed Adoption of Removal of LME Functions

Mark O'Donnell presented the proposed adoption of Removal of LME Functions. The proposed rules are necessary to clearly identify the circumstances and process by which the Secretary of DHHS shall remove a function from a Local Management Entity. Session Law 2006-142, HB 2077 requires the Commission for MH/DD/SAS to adopt rules regarding the notice and procedural requirements for removal of one or more LME Functions. This is a Commission rule being presented for final action.

Chairman McElroy asked when the last removal of a LME function occurred. Ms. Wainwright stated that to date there has not been a removal of a LME entity function from any LME. However, two LMEs have been put on notice that they meet the statutory requirements for eminent risk of financial failure; it's possible that a third LME may receive similar notice.

Upon motion, second and unanimous vote of those voting, the Commission approved the proposed adoption of 10A NCAC 26C .0600. Dr. Ranota Hall and Ellen Holliman abstained from voting.

10A NCAC 29D .0100 – Proposed Repeal of Carolina Alternatives

Steven Hairston, Chief, Operations Support Section, NC DMH/DD/SAS, presented the proposed repeal of Carolina Alternatives rules. The proposed repeal is necessary to update current rule. Specific services associated with the Carolina Alternative waiver program are no longer in

existence. This is a Secretary rule and presented for information and comment. Therefore, no action is required.

10A NCAC 29D .0600 – Proposed Repeal of Substance Abuse Assessments (DWI)

Jason Reynolds, Justice Systems Innovations – DWI Team, NC DMH/DD/SAS, presented the proposed repeal of Substance Abuse Assessments (DWI). The proposed repeals are necessary to update rules to reflect current practices. The current rules regarding DWI Services are codified in 10A NCAC 27G .3801 - .3817. The subject matter contained in the rules proposed for repeal is addressed in the current rules. This is a Commission rule being presented for final action.

Upon motion, second and unanimous vote, the Commission approved the proposed repeal of 10A NCAC 29D .0600.

10A NCAC 27G .0212 – Proposed Adoption of Disclosure of Financial Interest

Jim Jarrard, Team Leader, Accountability Team, NC DMH/DD/SAS, presented the proposed adoption of Disclosure of Financial Interest. Revised statutory language in G.S. 122C-26(5)(e) reads in part, “*In addition to other powers and duties, the Commission shall exercise the following powers and duties: requiring facility personnel who refer clients to provider agencies to disclose any pecuniary interest the referring person has the provider agency, or other interest that may give rise to the appearance of impropriety.*” This proposed rule addresses this requirement. This is a Commission rule being presented for final action.

Upon motion, second and unanimous vote, the Commission approved the proposed adoption of 10A NCAC 27G .0212.

Dr. Swartz asked for direction to the Advisory Committee regarding the proposed resolution regarding Rule 10A NCAC 26C .0100 – Proposed Amendment of Designation of Facilities for the Custody and Treatment of Involuntary Clients.

Upon motion, second and unanimous vote of those voting, the Commission approved that the resolution be referred back to the Advisory Committee to further review and the Advisory Committee returns a recommendation to the Commission for further action. Dr. Marvin Swartz abstained from voting.

Bob Hedrick, Executive Director, NC Providers Council, Ex-Officio Committee member, gave an update on the workgroup that was formed on paperwork reduction. Mr. Hedrick stated that Martha Martinat’s point was that there is so much paperwork in our system that it keeps people from being adequately able to do their jobs. Mr. Hedrick stated that the primary thing that could be done was the standardization of forms. He further stated that he has challenged the NC Providers Council, his workgroup, and the Provider Relations Committee to come up with some recommendations which should be available for discussion at the April Rules Committee meeting.

10A NCAC 27G .0504 – Proposed Amendment of Client Rights

Stuart Berde, Team Leader, Customer Service and Community Rights Team, NC DMH/DD/SAS, presented the proposed amendment of Client Rights rules. The amended language is necessary to update the rule to conform to current developments in Mental Health. This is a Commission rule being presented for initial review for approval for publication.

Mr. Berde stated that a LME Director suggested a requirement that the consumer or family member reside in North Carolina. Chairman McElroy suggested a requirement that the meetings

of the Clients Rights Committee be held in North Carolina instead. Mr. Berde agreed that this was a good idea and the addition would be incorporated within the rule. Chairman McElroy suggested that Mr. Berde add a number 10 stating “*Location of the meetings which shall be in North Carolina*” and renumber the rest accordingly.

Mr. Berde referenced another recommendation, which was incorporated in a handout distributed to the Commission members. Dr. Scheyette that the rule doesn’t address LMEs as service providers. The addition of a new “G” was suggested stating “*If an LME provides services, the LME Client Rights Oversight Committee shall follow the requirements of the Provider Client Rights Assurance Committee for the LME service.*”

Upon motion, second and unanimous vote, the Commission approved the proposed adoption of 10A NCAC 27G .0504 with recommended changes for publication.

Public Comment

Bob Hedrick, Ex-Officio Committee member, wanted to make a clarification regarding 10A NCAC 26C .0700 –Provider Endorsement. Mr. Hedrick stated that they had agreed to provide some input to Mabel McGlothen, content expert for this rule. Implementation Update #39 – Comprehensive Provider - has some changes that need to be examined and clarified before moving forward on the Provider Endorsement rules. Mr. Hedrick stated that he notified Ms. McGlothen that the proposed Comprehensive Provider Requirements in Implementation Update #39 have a substantial impact on the Endorsement rules and the NC Providers Council is required to delay their input on these proposed Endorsement rules until following the public comment period on the Comprehensive Service Provider update, which ends March 1, 2008.

Martha Brock, Ex-Officio Committee member, stated that she was there on behalf of Disability Rights NC regarding the Facility Environment rule. Ms. Brock asked about the process for commenting on the rule and requested the Commission review the letter on the rule which she distributed during the meeting. Chairman McElroy advised that the rule is currently in the public comment period.

Louise Fisher, addressed the same issue regarding the Facility Environment rule. Ms. Fisher feels that it would not be in the best interest of the client to deny them the right to smoke. She also gave an example of what the repercussion could be if the patients’ rights were denied by sighting an incident at a psychiatric hospital in New York.

Mr. McCulloch commented that if a facility houses youth under 18 years of age federal law would prohibit smoking there.

Dr. Swartz commented on smoking cessation programs.

There being no further business, the meeting adjourned at 1:40 pm.